Address Verification/Change Request Criminal History Summary Check

Date	
Requestor Name	
Last Name	First Name
Middle Name 1	Middle Name 2
Previous Address	
Address	
City	State
Postal (ZIP) Code	Country
I previously sent in a request for my Criminal Histo	ory Summary check. I would like to
verify/change my address.	
Please send my request to the following address:	
Address	
City	State
Postal (ZIP) Code	Country
Sincerely,	

(Signature Required)

Please sign, print, and fax this completed form to (304) 625-9792.

Or scan and e-mail to liaison@leo.gov.